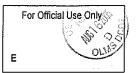
July S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15101	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Kenneth Boyd	Name UFCW Local No. 1546		
	Labor Organization File Number 542-277		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1649 W ADAMS ST	Street 1649 West Adams Street		
Chicago	City Chicago		
State Illinois ZIP Code + 4 60612-3201	State Illinois ZIP Code + 4 60612-3201		
5. Position in labor organization. President			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.		
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
City Table 1 4 1			
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of f submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ING documents), has been examined by the signatory and is, to the best of the		
Signed Kunntt R. Baye	On 8-//-05 (312) 733-2999 Date Telephone Number		
/			

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Name of Person Filing Kenneth Boyd 🐣		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: vely seeking to represent, or directly to, or otherwise	S	
8. Name and address of Business (including trade name, if any). Name UFCW INT UNION INDUSTRY PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 11102 Street City CHICAGO State Illinois ZIP Code + 4 60611-0102	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW INT UNION INDUSTRY PENSION FUND	11.a. Nature of such deali	ng.	
P.O. Box, Bldg., Room No., if any P.O. BOX 11102 Street City CHICAGO State Illinois ZIP Code + 4 60611-0102	11.b. Approximate dollar valu 12.a. Nature of interest held TRUSTEE EXPENSE RE 3-16-17-04	***************************************	
The state of the s	12.b. Amount.	\$753	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.		
Trade Name, if any:		201 201 201 201 201 201 201 201 201 201	
P.O. Box, Bldg., Room No., if any			
Street		777777	
City Chicago			
State Illinois ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		